

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM (POC) FORM

CLAIM NOTICE

As ordered by the circuit court of Cook county, Illinois, if you have a claim against the company, you must present that claim to the Office of the Special Deputy Receiver (hereinafter referred to as ("OSD")) by the claim filing deadline. Please check our Web site www.osdchi.com for the claim filing deadline of the company.

With your POC form you may claim both Unpaid Principal Balance and Accumulated Interest. If you have any documents to support your claim, for example a completed loan payment history, evidence of title transfer, closing statement (if sold to a third party) and proof of proceeds (if sold to a third party) please submit copies with the POC form.

If submitted by email or facsimile, a POC is filed on the date the OSD receives it. If sent by mail, it is deemed received on the USPS postmark date. If sent by courier, it is deemed received on the date of delivery to the courier, as shown on a valid receipt.

PLEASE READ BEFORE COMPLETING PROOF OF CLAIM FORM

1. **Only one claim** may be filed per POC form.
2. If the amount of claim is unknown, enter the words "**Unknown Amount.**" You may amend the amount of your claim until it is adjudicated by the Supervising Court.
3. If you have a different type of claim against the Company, please provide a brief explanation of the claim on the POC form, including the amount claimed.
4. Once you have completed the form, please print two copies. One copy for your records and one copy for OSD.
5. **Please sign one of the printed forms, to subscribe and affirm that your claim and any accompanying documents are true to the best of your knowledge and belief, and return the signed form on or before the claim filing deadline.**
6. You may submit the form by mail or by facsimile to the following:

Address: Office of the Special Deputy Receiver
222 Merchandise Mart Plaza, Suite 400
Chicago, Illinois 60654-1309

Email: claims@tgic.com

Facsimile: (312) 836-1944

GENERAL INFORMATION

CHANGE OF ADDRESS - If you move after sending in your POC form, you must provide the OSD with your new address. Failure to do so could delay or hinder any distribution you may be entitled to receive.

NOTICE OF DETERMINATION (NOD) - When your claim is evaluated by the OSD, you will be notified as to the recommended allowance or disallowance of your claim, and if an allowance the recommended amount. The law provides you with 60 days from the date of the notice in which to submit any inquiry or to lodge a written objection.

DISTRIBUTION OF ASSETS - Claims for Unpaid Principal Balance and Accumulated Interest that have been allowed will be paid 75% in cash and 25% in DPO, subject to the further order of the Supervising Court. Redemptions, if any, of outstanding DPOs will be paid on a *pro rata* basis, as may be approved by the Supervising Court.

Please call our office at (312) 836-9500 or check our Web site www.osdchi.com for posting of our Good Faith Estimate on the timing and amount of potential distributions.

IMPORTANT NOTICE: The OSD's acceptance of this POC form is not intended to constitute a waiver or relinquishment by the receiver of any defense, setoff or counterclaim that the receiver may have against any person, entity or governmental agency.



OFFICE OF THE SPECIAL DEPUTY RECEIVER

Representing the Director of Insurance, State of Illinois

PROOF OF CLAIM IN THE MATTER OF THE REHABILITATION OF TRIAD GUARANTY INSURANCE COMPANY

INSURED/CLAIMANT	INSURANCE TYPE: ☐ PRIMARY ☐ OTHER
DBA, LEGAL REPRESENTATIVE:	CLAIM TYPE: ☐ INITIAL ☐ OTHER
ADDRESS 1:*	INSURED'S LOAN NUMBER:*
ADDRESS 2:	CERTIFICATE NUMBER:
CITY/STATE/ZIP CODE:*	MASTER POLICY NUMBER:

IMPORTANT NOTICE: To participate in any distribution of assets on allowed timely-filed claims, a proof of claim ("POC") must be received by Triad's Rehabilitator at: (by mail or courier service) 222 Merchandise Mart Plaza, Suite 400, Chicago, Illinois 60654 (by email) claims@tgc.com or (by facsimile) 312/836-1944 on or before the **Claim Filing Deadline of March 31, 2027**.

No Claimant having a contingent claim under a certificate issued by Triad shall participate in any distribution of assets made on timely-filed claims allowed at the fourth priority level, 215 ILCS 5/205(1)(d), unless their POC is received by Triad's Rehabilitator on or before the Claim Filing Deadline and all evidence in support of the claim is presented to the Rehabilitator no later than the **Contingent Claim Deadline of November 26, 2029**.

PLEASE FILE A SEPARATE PROOF OF CLAIM FORM FOR EACH CLAIM.

BORROWER NAME (S):	% Coverage:
Property Address :	Type of Coverage:
City/State/Zip Code:	
SERVICER NAME: (If different from insured's name)	Servicer Loan Number:
Servicer Address:	
City/State/Zip Code:	
PAYEE NAME: (If different from insured's name)	Payee Loan Number:
Payee Address :	
City/State	
INVESTOR NAME: (If different from payee's name) ☐ FHLMC ☐ FNMA ☐ OTHER	Investor Loan Number:

Loan Due Date: ____/____/____

Past Due Amount \$ _____

Unpaid Principal Balance \$ _____

Reason for the Default:

CLAIMABLE ITEMS

- | | |
|--|----------|
| 1. Unpaid Principal Balance | \$ _____ |
| 2. Accumulated Interest (additional Interest calculations item 13 Below) | |
| From ____/____/____ To ____/____/____ = _____ Days @ \$ _____ | \$ _____ |
| 3. Sub-total Principal and Interest (Item 1 plus item 2) | \$ _____ |

*REQUIRED FIELDS

DEDUCTIBLE ITEMS

4. Net Rental Proceeds	\$	
5. Insurance Proceeds	\$	
6. Net Proceeds from property sales	\$	
7. Other, explain	\$	
8. Sub-total Deductible items (Total items 4 through 7)	\$	
9. Total Claim Amount (Item 3 minus item 8)	\$	
10. Less adjustments. If any (Attach Explanation)	\$	
11. ADJUSTED CLAIM AMOUNT (item 9 minus item 8)	\$	

12. COMMENTS:

INTEREST ADJUSTMENT

13. ARM Interest Rate Information

Rate %	From	To	No. of Days	Amount
1. _____ %	____/____/____	____/____/____		\$
2. _____ %	____/____/____	____/____/____		\$
3. _____ %	____/____/____	____/____/____		\$
4. _____ %	____/____/____	____/____/____		\$

14. Required Enclosures

☐ Loan Payment History ☐ Most Recent BPO/Appraisals ☐ Executed Title Transfer Documentation (DIL, Deed, Property Sales Settlement Statement)	15. Additional Enclosures (If applicable) ☐ Copy of Primary MI Claim for Loss, settlement check, and EOB, if app ☐ Proof of Proceeds from Property Sale
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16. Is Property ☐ Vacant ☐ Owner Occupied ☐ Tenant Occupied

17. Foreclosure sale or title transfer date: ____/____/____

18. Redemption State ☐ YES ☐ No 19. Redemption Expiration Date ____/____/____

20. Bankruptcy filing s (if applicable)

Chapter _____	File Date ____/____/____	Resale Date ____/____/____
Chapter _____	File Date ____/____/____	Resale Date ____/____/____

GENERAL CREDITOR CLAIM

☐ Claim is made for carry charges TOTAL AMOUNT OF CLAIM \$ _____

THIS SECTION MUST BE COMPLETED

By completing this section, the undersigned subscribes and affirms that he/she has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to claimant, and that the matters set forth above and in any accompanying documents are true to the best of his/her knowledge and belief. We are not aware of any facts indicating that the subject property is or might be subject to any environmental contamination or hazard, except as disclosed in accompanying attachments.

Name of Insured/Claimant/Service	Signature*	Date*
Daytime Phone	Mobile Phone	E-mail Address*

***REQUIRED FIELDS**